

State of Alaska FY2005 Governor's Operating Budget

Department of Health and Social Services Behavioral Health Results Delivery Unit Budget Summary

Contents

| | |
|--|----------|
| Behavioral Health Results Delivery Unit | 3 |
| End Results | 4 |
| Strategies to Achieve Results | 4 |
| RDU Financial Summary by Component | 10 |
| Summary of RDU Budget Changes by Component | 12 |
| From FY2004 Authorized to FY2005 Governor | 12 |

Behavioral Health Results Delivery Unit

Contribution to Department's Mission

This is a new RDU in FY04. The mission of the new Division of Behavioral Health is to promote an integrated and comprehensive behavioral health system based on sound policy, effective practices and partnerships.

Core Services

- administration of Behavioral Health Medicaid services
- programmatic oversight of community-based substance abuse prevention and treatment and mental health treatment services provided by an array of non-profit grantee agencies
- operation of the Alaska Psychiatric Institute (API)

The programs and services delivered through this RDU are those previously delivered through the mental health portion of the former Division of Mental Health and Developmental Disabilities and those delivered through the former Division of Alcoholism and Drug Abuse. These services are necessary to maintain and improve the functioning of those experiencing mental disorders and illness and to prevent and treat addictions to alcohol and other drugs.

The Division of Behavioral Health leverages federal and other fund sources to ensure mental health and substance abuse prevention and treatment services continue to be available to Alaskans. The Division is maximizing federal Medicaid funding through partnering with Native "638" agencies to deliver services to Medicaid eligible Native clients, whenever possible and appropriate.

The alcohol and drug abuse treatment and prevention grants funded through this RDU are the foundation of Alaska's effort to prevent and treat substance abuse within the State. Grants are distributed to non-profit organizations and local government agencies through a grant-in-aid process established in AS 47.30.475. Funds are granted to help support community-based substance abuse prevention, intervention, and treatment services to provide the comprehensive system required by law. These partially public-funded programs exist primarily to serve the poorest Alaskans, including those without insurance coverage. These clients cannot access services delivered by the private providers of substance abuse treatment services. Most of these partially public funded programs also serve some individuals who have either Medicaid or other third-party payment. The funds generated by serving these individuals help support the programs long term, since State funding is generally inadequate to support these programs completely.

The Alcohol Safety Action Program (ASAP) provides direct services in the Anchorage area and provides oversight of the Division's ASAP grant programs in six smaller communities. The ASAP program takes referrals from the court system and assesses, refers and monitors these individuals for their compliance with court-ordered treatment. The program serves both juveniles and adults.

Rural Services and Suicide Prevention Grants help smaller communities design and implement local projects to reduce suicide and self-destructive behavior. These grants also provide funding for rural village-based human services staff and for linking them with the University of Alaska Fairbanks to assure training, employment and supervision of the village-based human service workers.

The community mental health program, through competitive grant funding to local, non-profit health organizations, provides Alaskans with a statewide array of outpatient, residential, and locally provided inpatient mental health services. Annually, these services benefit in excess of 20,000 people experiencing mental illness or severe emotional dysfunction in Alaska. The majority of the funding goes to serve those most seriously mentally ill.

Located in Anchorage, API is the only publicly funded facility providing high level inpatient psychiatric care to the people of Alaska. These services are available when no other service is adequate to meet the needs of a severely ill individual or individual in crisis. It is a seven-day-a-week, 24-hour-a-day treatment facility. Clients are admitted either voluntarily or involuntarily through a Peace Officer Application or *Ex Parte* Commitment. API provides diagnosis, evaluation and treatment services in accordance with its statutory mandates and the strict health care industry standards and requirements set by the Joint Commission on Accreditation of Healthcare Organizations, Centers for Medicare and Medicaid Services, and the State of Alaska's Certification and Licensing section. API provides outreach, consultation,

and training to mental health service providers, community mental health centers, and Pioneer Homes. In addition, API serves the entire Alaska community mental health system, including coordinating the transition of patients between inpatient and outpatient care, when appropriate.

The Division also provides quality assurance, technical assistance, grant monitoring, planning and policy development, and data collection for mental health services and substance abuse prevention and treatment services.

| End Results | Strategies to Achieve Results |
|--|--|
| <p>(1) Outcome #1: Improve and enhance the quality of life for Alaskans with a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance abuse disorder.</p> <p><u>Target:</u> 75% of individuals with a SED, SMI and/or a substance abuse disorder will report improvement in one or more of the following life domains: productive activity/employment, housing situation, health status, economic security, education attained</p> <p><u>Measure:</u> Outcomes data as reported through the use of the Client Status Review Form as part of the Federal Govt Performance and Results Act.</p> | <p>(1) Strategy #1A: Improve and enhance the quality of life of children with a SED by implementing the Bring the Kids Home Program.</p> <p><u>Target:</u> Reduce the number of kids in out-of-state placement by 25% annually over the next four years.</p> <p><u>Measure:</u> Data will be collected from reports provided by First Health, the Medicaid fiscal agent for the department.</p> <p>(2) Strategy #1B: Improve and enhance the quality of life of Alaskans with a SED, SMI and/or a substance abuse disorder by implementing the DH&SS Tribal Agenda.</p> <p><u>Target:</u> Increase the number of Tribal entities providing behavioral health services to Alaska Natives by 10% annually for each of the next four years.</p> <p><u>Measure:</u> number of Tribal entities providing behavioral health services directly or contracting with non-Tribal providers for those services</p> <p>(3) Strategy #1C: Improve and enhance the quality of life of Alaskans with a SED, SMI and/or a substance abuse disorder through the development of a comprehensive, integrated Behavioral Health Service System.</p> <p><u>Target:</u> A fully integrated Behavioral Health Service system will occur over the next four years as evinced by a 25% improvement in service outcomes.</p> <p><u>Measure:</u> Outcome data will be collected from the Alaska Automated Information Management System (AKAIMS) and Client Status Review Forms.</p> <p><u>Target:</u> A fully integrated Behavioral Health Service system will occur over the next four years as evinced by a 25% increase in consumer satisfaction with services.</p> <p><u>Measure:</u> Outcome data on consumer satisfaction will be collected from the AK Automated Information Management System (AKAIMS) as part of the Mental Health Statistics Improvement Program.</p> <p><u>Target:</u> A fully integrated Behavioral Health Service system will occur over the next four years as evinced by a 25% increase in access to services.</p> <p><u>Measure:</u> Data will be collected from the AKAIMS regarding access/timelines.</p> |

FY2005 Resources Allocated to Achieve Results

| | | |
|--|-------------------|------------|
| FY2005 Results Delivery Unit Budget: \$210,875,200 | Personnel: | |
| | Full time | 296 |
| | Part time | 17 |
| | Total | 313 |

Performance Measure Detail

(1) Result: Outcome #1: Improve and enhance the quality of life for Alaskans with a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance abuse disorder.

Target: 75% of individuals with a SED, SMI and/or a substance abuse disorder will report improvement in one or more of the following life domains: productive activity/employment, housing situation, health status, economic security, education attained

Measure: Outcomes data as reported through the use of the Client Status Review Form as part of the Federal Govt Performance and Results Act.

Client-Reported Improvement in Life Domains

| Year | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | YTD Total |
|------|-----------|-----------|-----------|-----------|-----------|
| 2005 | | | | | N/A |

Analysis of results and challenges: This new measure is proposed for FY05, with data collection to begin in the first quarter.

(1) Strategy: Strategy #1A: Improve and enhance the quality of life of children with a SED by implementing the Bring the Kids Home Program.

Target: Reduce the number of kids in out-of-state placement by 25% annually over the next four years.

Measure: Data will be collected from reports provided by First Health, the Medicaid fiscal agent for the department.

Number of Kids in Out-of-State Inpatient Psychiatric Care

| Year | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | YTD Total |
|------|-----------|-----------|-----------|-----------|-----------|
| 2005 | | | | | N/A |
| 2006 | | | | | N/A |
| 2007 | | | | | N/A |
| 2008 | | | | | N/A |

Analysis of results and challenges: This new measure is proposed for FY05, with data collection to begin in the first quarter.

(2) Strategy: Strategy #1B: Improve and enhance the quality of life of Alaskans with a SED, SMI and/or a substance abuse disorder by implementing the DH&SS Tribal Agenda.

Target: Increase the number of Tribal entities providing behavioral health services to Alaska Natives by 10% annually for each of the next four years.

Measure: number of Tribal entities providing behavioral health services directly or contracting with non-Tribal providers for those services

Number of Tribal Entities Providing Behavioral Health Services to Alaska Natives

| Year | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | YTD Total |
|------|-----------|-----------|-----------|-----------|-----------|
| 2005 | | | | | N/A |
| 2006 | | | | | N/A |
| 2007 | | | | | N/A |
| 2008 | | | | | N/A |

Analysis of results and challenges: This new measure is proposed for FY05, with data collection to begin in the first quarter.

(3) Strategy: Strategy #1C: Improve and enhance the quality of life of Alaskans with a SED, SMI and/or a substance abuse disorder through the development of a comprehensive, integrated Behavioral Health Service System.

Target: A fully integrated Behavioral Health Service system will occur over the next four years as evinced by a 25% improvement in service outcomes.

Measure: Outcome data will be collected from the Alaska Automated Information Management System (AKAIMS) and Client Status Review Forms.

Improvement in Service Outcomes

| Year | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | YTD Total |
|------|-----------|-----------|-----------|-----------|-----------|
| 2005 | | | | | N/A |
| 2006 | | | | | N/A |
| 2007 | | | | | N/A |
| 2008 | | | | | N/A |

Analysis of results and challenges: This new measure is proposed for FY05, with data collection to begin in the first quarter.

Target: A fully integrated Behavioral Health Service system will occur over the next four years as evinced by a 25% increase in consumer satisfaction with services.

Measure: Outcome data on consumer satisfaction will be collected from the AK Automated Information Management System (AKAIMS) as part of the Mental Health Statistics Improvement Program.

Self-Reported Increase in Consumer Satisfaction with Services

| Year | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | YTD Total |
|------|-----------|-----------|-----------|-----------|-----------|
| 2005 | | | | | N/A |
| 2006 | | | | | N/A |
| 2007 | | | | | N/A |
| 2008 | | | | | N/A |

Analysis of results and challenges: This new measure is proposed for FY05, with data collection to begin in the first quarter.

Target: A fully integrated Behavioral Health Service system will occur over the next four years as evinced by a 25% increase in access to services.

Measure: Data will be collected from the AKAIMS regarding access/timelines.

Increase in Access to Behavioral Health Services

| Year | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | YTD Total |
|------|-----------|-----------|-----------|-----------|-----------|
| 2005 | | | | | N/A |
| 2006 | | | | | N/A |
| 2007 | | | | | N/A |
| 2008 | | | | | N/A |

Analysis of results and challenges: This new measure is proposed for FY05, with data collection to begin in the

first quarter.

Key RDU Challenges

This Division provides a comprehensive array of mental health & substance abuse prevention and treatment services.

A new organizational structure has been developed and is an outgrowth of significant work between staff in the two former divisions of Mental Health/Developmental Disabilities and Alcohol and Drug Abuse. This new structure is designed to ensure services are delivered in the most integrated, efficient and cost-effective manner possible. Staff are being fully integrated and no stand alone units specific to either mental health or substance abuse will remain.

One overarching goal is to fund, when possible, integrated substance abuse and mental health grants and ultimately, individual substance abuse and mental health grantees, when integration at the program level is not a good option. One specific goal is to ensure clients with both substance abuse and mental health problems get the services they need, regardless of which type of provider agency they first visit to obtain services. Overall Divisional goals are the elimination of any "wrong doors," increased administrative and fiscal efficiency and, most importantly, improved services to both individuals with co-occurring disorders and those dealing with either a substance abuse or mental health problem. This is a complex undertaking involving two former divisions with different regulations and standards in many areas including staff qualifications, Medicaid reimbursements, and approval/quality assurance. New statutes and regulations will eventually be required in order to fully integrate all behavioral health services.

Integration of Medicaid programmatic and financial responsibility for mental health and substance abuse treatment and recovery services into this RDU from the former Medical Services Division will, when done properly:

- Reduce acute inpatient care, residential psychiatric treatment and lengthy placements away from families;
- Enhance collaboration and linkages between institutional care and community-based care; and
- Provide a seamless comprehensive array of services with better treatment outcomes.

Continuing Issues:

Consumer health and safety issues continue to be at the forefront of the Division's concerns. The 2001 legislature passed legislation requiring provider agencies to notify the Division in the case of consumers known to be missing, seriously injured or deceased, and the Division is currently updating the initial regulations to operationalize this legislation.

In the past few years, the Division has established grantee program standards for psychiatric emergency services, community support services for the seriously mentally ill, consumer grievance standards, and consumer involvement standards. The Alaska Mental Health Board and the Division expect to collaborate on revision of the Community Mental Health Services regulations to incorporate these standards.

The Division has had a quality assurance system in place for several years for reviewing outpatient community mental health services. In an effort to develop an analogous process for inpatient mental health services, we collaborated with other stakeholders to develop a set of inpatient quality assurance standards, covering such issues as the use of seclusion and restraints, patient and family participation in treatment planning, appropriateness of treatment, and continuity of care with outpatient providers. The Division is now conducting its first inpatient site reviews to ensure compliance with these new inpatient mental health standards.

The certification process for both individuals and agencies who provide counseling and other services to individuals with substance abuse problems needs review and updating. Standards currently in use were adopted in the 1970's and the practice has changed dramatically since that time. Additionally, allowing certification for individual counselors to be voluntary is an issue that needs attention. It is the responsibility of the Division to ensure that clients are served only by trained and qualified staff.

API continues to face a nursing crisis resulting from the State's less than competitive nursing salaries and a difficult work environment. API has a current vacancy rate of over 20% of its floor RN positions. The need to staff five patient units at a safe and therapeutic level 24 hours a day, 7 days a week forces the use of significant amounts of mandatory overtime. The stress this causes results in nurses quitting, creating a vicious circle in the competitive market. API management

believes it is vitally necessary to greatly reduce or eliminate the use of all overtime because of staff burnout and safety concerns.

In the summer of 2002, the Department of Transportation and Public Facilities awarded the API Replacement design/build project to the Neeser Construction team. Construction of the new hospital began in late summer 2003. The new API is scheduled to open April 2005. The capital project is managed by the Department of Transportation and Public Facilities, but API staff will be actively involved in oversight to ensure that the design and construction comply with the vision and requirements of the original Request for Proposals for this complex project.

It has been extremely hard for rural communities to provide the level of mental health services needed within their catchment areas, because of the geographical distances involved, lack of funding, and difficulty securing and retaining clinical staff. Telepsychiatry offers a vehicle to link rural communities with mental health professional resources to which they would not otherwise have access. Pilot telepsychiatry efforts are now underway between API and some rural community mental health centers. The Division will be establishing a position at API to provide overall leadership for the development of more comprehensive Alaskan telepsychiatry services.

In 2002 the Legislature created the Alcohol and Other Drug Abuse Treatment and Prevention (ADTP) Fund which requires that 50% of the alcohol tax collected after October 1, 2002 be placed in this fund account to be used for alcohol and drug-related activities. These dollars are now available for use to fund substance abuse prevention and treatment efforts. However there was no net increase in funds available for this work due to an exchange of GF for the alcohol tax dollars and an increase in the match rate from 10% to 25% for most grantees, with a corresponding decrease in GF funding.

Significant Changes in Results to be Delivered in FY2005

During FY05 it is expected that the number of grantees will be reduced and administrative cost savings will be achieved within the State funded behavioral health care delivery system. It is also expected that some type of regional consolidation will be implemented. This will probably include the merger of some programs into larger entities, contracting relationships between some current grantees and other creative administrative cost savings/program enhancement efforts at the local level. These changes should both reduce costs and improve the ability of individuals and their families to receive comprehensive behavioral health services without having to access numerous provider agencies.

The Alaska Automated Information Management System (AKAIMS) will be fully operational by FY05 and as a result, the State and the individual grantees will have comprehensive information available regarding exactly who is being served, what services they are receiving, the cost of those services and the outcomes as a result of those services. Using this information, management decisions regarding allocation of resources, unmet need and other problems can be made based on quality data. Improved clinical practice is expected as well.

In FY05 it is expected that additional federal revenue will be generated through increased service of Medicaid eligible Alaska Natives by "638" service providers. These dollars will increase the overall amount of funding available to provide behavioral health services and thus reduce the impact of ongoing GF budget reductions.

Behavioral Health Medicaid will increase in FY05 due to caseload utilization and cost increases. Some cost containment will be implemented to restrict growth as much as possible.

In FY05, API will save general funds with the establishment of a Geo-Psychiatric Unit and other refinancing opportunities.

Funding for the Adult Alcohol Safety Action Program for FY05 has been eliminated with funding for the pilot juvenile ASAP programs remaining. During the remainder of FY04 and during FY05 work will be initiated to design and implement a statewide ASAP system that will be completely self supporting financially, serve both adults and juveniles, and provide accountability at the individual and program level.

Major RDU Accomplishments in 2003

This was a new RDU for FY04. Therefore, contributions towards the Department's mission that are cited here represent work done through the former Alcohol and Drug Abuse BRU and the Mental Health component of the Mental Health and Developmental Disabilities BRU. Accomplishments for FY03 include:

- The Alaska Youth Initiative provided comprehensive services to 159 youth with serious mental health problems. 33 new youth were admitted and 45 were discharged.

- The State Fetal Alcohol Syndrome program completed the development of a statewide system for ensuring local capacity to diagnose disabilities of individuals who had experienced prenatal alcohol exposure. Additionally the program completed a training curriculum called "Disabilities of Discovery: Insights into Brain Based Disabilities". This is 4 hour training for all types of service providers. There are 34 individuals trained to use this curriculum and be a trainer for others.
- During FY03, approximately 1300 adults and 113 youth successfully completed outpatient treatment for alcohol or other drug use at state funded programs. One thousand adults and 69 youth completed residential treatment. An additional 2790 adults and youth, typically first time alcohol related misdemeanants completed alcohol/drug information schools, an early intervention strategy that can stop the descent into alcoholism.
- During FY03 a significant amounts of work was done to design and implement a comprehensive automated management information system. This system, called AKAIMS or the Alaska Automated Information Management System, will come on line in FY04 and will serve both the mental health and substance abuse providers and the integrated behavioral health providers.
- Several thousand adults and youth, in 40 communities, received science based education geared towards prevention of alcohol and other drug abuse through the substance abuse community prevention/intervention grants.
- Significant workforce development was accomplished through delivery of a 40 hour prevention specialist training provided to 225 participants in FY03.
- Approximately \$775,000 in grants was awarded to 53 communities to educate individuals and communities about suicide, the warning signs and ways to prevent suicide. Overall Alaska suicide rates are trending down.
- Funding from the Rural Human Services System project partially supported 96 village based counselors in 89 rural communities. These individuals are available at the local village level to provide basic behavioral health services.
- Approximately 15,000 people in crisis received emergency psychiatric services during FY03. Ensuring individuals in crisis are served quickly and appropriately keeps overall treatment costs down and prevents serious long term consequences for the individuals in crisis.
- During FY03, 3,900 seriously mentally ill individuals received services. A new group of individuals - those who have suffered a traumatic brain injury resulting in mental health issue - was added to the service category. Services to these individuals work towards their being able to function at the highest level possible and be a productive and accepted member of their community.
- Five new hospitals agreed to provide designated evaluation and treatment services to individuals with mental illness who are in crisis. Primarily they stabilize the individual and then refer/transport them to a treatment facility; this is an essential service at the local level.
- 3900 Severely emotionally disturbed youth and their families were served during FY03. A Memorandum of Agreement was signed by the Department of Education and the Division of Juvenile Justice and the Division of Mental Health and Developmental Disabilities to ensure coordination of efforts for these special needs children
- The Alaska Psychiatric Institute served 928 individuals during FY03. However, since some of these folks were served by API more than once during the year, the total number of admissions to API for this time period totaled 1227.

Contact Information

Contact: Janet Clarke, Director, Administrative Services
Phone: (907) 465-1630
Fax: (907) 465-2499
E-mail: Janet_Clarke@health.state.ak.u

Behavioral Health RDU Financial Summary by Component

All dollars shown in thousands

| | General Funds | FY2003 Actuals Federal Funds | Other Funds | Total Funds | General Funds | FY2004 Authorized Federal Funds | Other Funds | Total Funds | General Funds | FY2005 Governor Federal Funds | Other Funds | Total Funds |
|---|------------------|------------------------------------|----------------|----------------|------------------|---------------------------------------|----------------|----------------|------------------|-------------------------------------|----------------|----------------|
| <u>Formula</u> | | | | | | | | | | | | |
| <u>Expenditures</u> | | | | | | | | | | | | |
| Behavioral Hlth Medicaid Svcs | 0.0 | 0.0 | 0.0 | 0.0 | 37,982.9 | 64,809.7 | 1,500.0 | 104,292.6 | 43,365.9 | 73,462.7 | 1,500.0 | 118,328.6 |
| <u>Non-Formula</u> | | | | | | | | | | | | |
| <u>Expenditures</u> | | | | | | | | | | | | |
| Alaska Youth Initiative | 0.0 | 0.0 | 0.0 | 0.0 | 2,532.4 | 0.0 | 0.0 | 2,532.4 | 0.0 | 0.0 | 0.0 | 0.0 |
| AK Fetal Alcohol Syndrome Pgm | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 6,441.4 | 0.0 | 6,441.4 | 0.0 | 6,924.4 | 0.0 | 6,924.4 |
| Alcohol Safety Action Program | 0.0 | 0.0 | 0.0 | 0.0 | 950.4 | 0.0 | 225.2 | 1,175.6 | 290.3 | 0.0 | 4.3 | 294.6 |
| Behavioral Health Grants | 0.0 | 0.0 | 0.0 | 0.0 | 2,441.6 | 4,946.3 | 23,611.0 | 30,998.9 | 1,500.0 | 4,746.3 | 22,618.6 | 28,864.9 |
| Behavioral Health Administration | 0.0 | 0.0 | 0.0 | 0.0 | 1,308.3 | 3,110.6 | 2,172.4 | 6,591.3 | 1,934.2 | 4,949.0 | 1,682.2 | 8,565.4 |
| CAPI Grants | 0.0 | 0.0 | 0.0 | 0.0 | 1,786.8 | 1,172.0 | 56.5 | 3,015.3 | 1,229.7 | 1,172.0 | 56.5 | 2,458.2 |
| Rural Services/Suici de Prevent'n | 0.0 | 0.0 | 0.0 | 0.0 | 484.3 | 500.0 | 2,000.0 | 2,984.3 | 414.3 | 500.0 | 1,986.8 | 2,901.1 |
| Psychiatric Emergency Svcs | 0.0 | 0.0 | 0.0 | 0.0 | 6,153.4 | 1,343.0 | 613.6 | 8,110.0 | 6,103.4 | 670.8 | 358.5 | 7,132.7 |
| Svcs/Seriously Mentally Ill | 0.0 | 0.0 | 0.0 | 0.0 | 9,800.7 | 1,612.8 | 1,540.2 | 12,953.7 | 8,015.1 | 1,498.6 | 929.0 | 10,442.7 |
| Designated Eval & Treatment | 0.0 | 0.0 | 0.0 | 0.0 | 1,361.9 | 724.9 | 250.0 | 2,336.8 | 1,211.9 | 0.0 | 0.0 | 1,211.9 |
| Svcs/Severely Emotion Dst Yth | 0.0 | 0.0 | 0.0 | 0.0 | 2,670.8 | 129.2 | 0.0 | 2,800.0 | 4,263.2 | 129.2 | 0.0 | 4,392.4 |
| Alaska Psychiatric | 0.0 | 0.0 | 0.0 | 0.0 | 7,533.5 | 0.0 | 11,848.6 | 19,382.1 | 5,344.1 | 0.0 | 14,014.2 | 19,358.3 |

**Behavioral Health
RDU Financial Summary by Component**

All dollars shown in thousands

| | General Funds | FY2003 Actuals Federal Funds | Other Funds | Total Funds | General Funds | FY2004 Authorized Federal Funds | Other Funds | Total Funds | General Funds | FY2005 Governor Federal Funds | Other Funds | Total Funds |
|---------------|--------------------------|---|------------------------|------------------------|--------------------------|--|------------------------|------------------------|--------------------------|--|------------------------|------------------------|
| Institute | | | | | | | | | | | | |
| Totals | 0.0 | 0.0 | 0.0 | 0.0 | 75,007.0 | 84,789.9 | 43,817.5 | 203,614.4 | 73,672.1 | 94,053.0 | 43,150.1 | 210,875.2 |

Behavioral Health
Summary of RDU Budget Changes by Component
From FY2004 Authorized to FY2005 Governor

All dollars shown in thousands

| | <u>General Funds</u> | <u>Federal Funds</u> | <u>Other Funds</u> | <u>Total Funds</u> |
|--|----------------------|----------------------|--------------------|--------------------|
| FY2004 Authorized | 75,007.0 | 84,789.9 | 43,817.5 | 203,614.4 |
| Adjustments which will continue current level of service: | | | | |
| -Alaska Youth Initiative | -2,032.4 | 0.0 | 0.0 | -2,032.4 |
| -AK Fetal Alcohol Syndrome Pgm | 0.0 | -602.2 | 0.0 | -602.2 |
| -Alcohol Safety Action Program | 22.7 | 0.0 | 4.3 | 27.0 |
| -Behavioral Hlth Medicaid Svcs | 1,996.2 | -1,996.2 | 0.0 | 0.0 |
| -Behavioral Health Grants | -941.6 | 0.0 | -41.0 | -982.6 |
| -Behavioral Health Administration | 671.2 | 947.4 | 722.9 | 2,341.5 |
| -CAPI Grants | -257.1 | 0.0 | 0.0 | -257.1 |
| -Rural Services/Suicide Prevent'n | -70.0 | 0.0 | -13.2 | -83.2 |
| -Svcs/Seriously Mentally Ill | 395.8 | 0.0 | 0.0 | 395.8 |
| -Svcs/Severely Emotion Dst Yth | 2,032.4 | 0.0 | 0.0 | 2,032.4 |
| -Alaska Psychiatric Institute | -2,028.1 | 0.0 | 2,167.2 | 139.1 |
| Proposed budget decreases: | | | | |
| -Alaska Youth Initiative | -500.0 | 0.0 | 0.0 | -500.0 |
| -Alcohol Safety Action Program | -682.8 | 0.0 | -225.2 | -908.0 |
| -Behavioral Hlth Medicaid Svcs | -1,560.0 | -900.0 | 0.0 | -2,460.0 |
| -Behavioral Health Grants | 0.0 | -200.0 | -951.4 | -1,151.4 |
| -Behavioral Health Administration | -45.3 | -137.8 | -1,338.8 | -1,521.9 |
| -CAPI Grants | -300.0 | 0.0 | 0.0 | -300.0 |
| -Psychiatric Emergency Svcs | -50.0 | -672.2 | -255.1 | -977.3 |
| -Svcs/Seriously Mentally Ill | -2,723.0 | -164.2 | -611.2 | -3,498.4 |
| -Designated Eval & Treatment | -150.0 | -724.9 | -250.0 | -1,124.9 |
| -Svcs/Severely Emotion Dst Yth | -440.0 | 0.0 | 0.0 | -440.0 |
| -Alaska Psychiatric Institute | -161.3 | 0.0 | -1.6 | -162.9 |
| Proposed budget increases: | | | | |
| -AK Fetal Alcohol Syndrome Pgm | 0.0 | 1,085.2 | 0.0 | 1,085.2 |
| -Behavioral Hlth Medicaid Svcs | 4,946.8 | 11,549.2 | 0.0 | 16,496.0 |
| -Behavioral Health Administration | 0.0 | 1,028.8 | 125.7 | 1,154.5 |
| -Svcs/Seriously Mentally Ill | 541.6 | 50.0 | 0.0 | 591.6 |
| FY2005 Governor | 73,672.1 | 94,053.0 | 43,150.1 | 210,875.2 |